

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Paradise ARCH	CHAPTER 100.1
Address: 86-112 Hoaha Street, Waianae, Hawaii 96792	Inspection Date: February 17, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-OLCA
STATE LICENSING

21 MAR 11 AM 55

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p>FINDINGS No documented evidence that case manager updated care plan for December 2020 and January 2021.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>21 MAR 11 AM '21</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>1) Immediately explained to my nurse consultant J.D that monthly updated care plan is done through telehealth because of COVID-19</p> <p>2) Immediately document of my progress notes dates of monthly telehealth visit from the R.N. Case Manager 12/14/20 } copy enclosed 1/25/21 }</p> <p>3) Immediately called R.N case manager L.D to obtain a copy of telehealth monthly updated care plan 12/14/20 & 1/25/21 - Copy enclosed</p> <p>4) Immediately pick up ^{telehealth} R.N case manager Care Plan at Waipahu office at the Comprehensive Health Services.</p>	2/17/21

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Licensee's/Administrator's Signature: Mary Acupan

Print Name: MARLYN ACUPAN

Date: 3/9/21

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